REMARKS

The Office Action of June 14, 2004 has been reviewed and the comments therein were carefully considered. Claims 1-9, 45 and 46 are pending in the instant application. Claims 1-9, 45 and 46 stand rejected. No new matter has been introduced into the application.

Rejections Under 35 USC §102

Claims 1-6, 8-9, and 45 stand rejected under 35 USC §102(b) as being anticipated by Ford, et al., U.S. Patent No. 5,681,285.

Ford discloses a drug library containing a plurality of drug entries for use in a syringe pump. A standard drug library may be customized with additional drug entries through the use a personal computer (PC). (Col. 11, lines 30-33). The customized drug library containing the supplementary drug entries may be downloaded into the syringe pump and utilized to administer selected therapeutics. (Col. 11, lines 33-38).

With regard to currently amended independent claim 1, Ford does not disclose, teach, or suggest at least the claimed features of "creating at least one personalized drug therapy program from the modified at least one preset clinician drug therapy program." Ford is concerned with the creation of a drug library and not does not teach or suggest the creation of "at least one personalized drug therapy program." (Emphasis added). In contrast to claim 1, Ford discloses the customization of a standard drug library similar to the customization of a standard database.

Therefore, for at least this reason, it is respectfully submitted that claim 1 is patentably distinct over Ford. Dependent claims 2-9 and 45-46 are allowable for at least the same reasons as independent claim 1.

Claims 1, 2, 7, 45 and 46 stand rejected under 35 USC §102(b) as being anticipated by Snell, U.S. Patent No. 5,456,691.

Snell discloses a programmer in which a control program for an implantable medical device is constructed from program modules that are selected by a physician. (Abstract). The modules may be individually loaded into the implantable medical device or may be combined into a single program, without necessitating an increase in the memory capacity of the implantable device. (Col. 2; lines 7-10).

With regard to currently amended independent claim 1, Snell does not disclose, teach, or suggest at least the claimed features of "modifying the accessed at least one preset clinician drug therapy program;" and "creating at least one personalized drug therapy program from the modified at least one preset clinician drug therapy program." In contrast to claim 1, Snell discloses the merging of entire program modules into a single program. For example, Snell at Column 4, lines 26-41 states:

> The physician selects program modules corresponding to those therapies and diagnostic routines that are thought to be most effective for the treating the patient at step 34, as shown in FIG. 2 and at step 134, as shown in FIG. 3. . . . As shown in FIG. 2, the modules are combined by the programmer 12 (FIG. 1) to create the cardiac 10 stimulating device control program at step 36.

Therefore, for at least this reason, it is respectfully submitted that claim 1 is patentably distinct over Snell. Dependent claims 2-9 and 45-46 are allowable for at least the same reasons as independent claim 1.

Applicants therefore respectfully request reconsideration of the pending claims and a finding of their allowability. A notice to this effect is respectfully requested. Please feel free to contact the undersigned should any questions arise with respect to this case that may be addressed by telephone.

Respectfully submitted,

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